

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30067

State File No. ....

FILED SEP 21 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4122 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nixa</b>		c. CITY OR TOWN <b>Nixa</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>No Street Address</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Residence of William Koch</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FERN</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>HEDGPETH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 14, 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 16-1927</b>	9. AGE (In years last birthday) <b>26</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 4 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and State or Foreign Country) <b>Christian County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William E. Koch</b>	13b. MOTHER'S MAIDEN NAME <b>Daisy Smith</b>	14. NAME OF HUSBAND OR WIFE <b>J. D. Hedgpeth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>507KAL000N</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. D. Hedgpeth, Nixa, Missouri</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>medullary failure</b>		<b>one day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Toxemia</b> DUE TO (c) <b>Carcinoma of uterus</b>		<b>two weeks</b> <b>two years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>174X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nixa Christian, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-15, 1954, to Sept 14, 1954, that I last saw the deceased alive on Sept. 9, 1954, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold Shaffer D.O.</b>	23b. ADDRESS <b>Nixa, Mo.</b>	23c. DATE SIGNED <b>9-15-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 16-'54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hopedale Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ozark, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 16. 54</b>	REGISTRAR'S SIGNATURE <b>Olive Hutter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Harris</b>	ADDRESS <b>Clever, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*J. Alan Harris*

Licensed Embalmer No. *4390*

P. O. Address.....  
*Cleves, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.